

DELAYED CERTIFICATE OF BIRTH

South Carolina State Board of Health

16 093596

Birth No. 139 -

STATE OF South Carolina (L. S.) County of Birth Florence
 COUNTY OF Charleston City of Birth (rural)
 Name at Birth Josephine Alford Sex female Date of Birth September 20, 1916

Full Name Charlie Alford FATHER Race or Color Negro
 Birth Date unknown Place of Birth { State or Country } S.C.

Maiden Name Donelle White MOTHER Race or Color Negro
 Birth Date unknown Place of Birth { State or Country } S.C.

The above statements are true to the best of my knowledge and belief.

SIGNATURE OF PERSON REGISTERED OR OF PARENT
 OR GUARDIAN, IF UNDER 21 YEARS OF AGE

*If married woman sign maiden name here also.

Subscribed and sworn to before me this

3rd

day of

October

72

19

NOTARY
 SEAL

111 Nassau Street
 Charleston, S.C.

My commission expires

DO NOT WRITE BELOW THIS LINE

NOTARY PUBLIC FOR SOUTH CAROLINA

ABSTRACT OF SUPPORTING EVIDENCE

SUMMARY OF SUPPORTING EVIDENCE			
Kind of Document		Place Issued	Date Filed
1 son's birth certificate #034560		Charleston, S.C.	October 15, 1946
2 Chest Clinic Record (C.C.H.D.)		Charleston, S.C.	November 10, 1964
3 record from Mrs. Bickley's Office		Charleston, S.C.	April 24, 1945
4 (Medical University out patient clinic)			
Birth Date or Age	Birth Place	Name of Father	Maiden Name of Mother
1 30 yrs. old	Florence, S.C.		
2 9-20-16			
3 9-16		Charlie Alford	Donelle White
4			

Date Filed October 26, 1972

Registrar

Doris M. Byars

(SEE INSTRUCTIONS ON REVERSE SIDE)

Garden B. Magwood
 Signature and Title of Reviewing Officer

Clerk